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SERIAL NUMBER 10/782,939	FILING OR 371(c) DATE 02/23/2004 RULE	CLASS 345	GROUP ART UNIT 2629	ATTORNEY DOCKET NO. IMMR-0052B (434701-342)
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APPLICANTS

Erik J. Shahoian, San Leandro, CA;
 Christopher J. Hasser, San Jose, CA;
 Louis B. Rosenberg, San Jose, CA;

**** CONTINUING DATA *******

This application is a CON of 09/741,310 12/19/2000 PAT 6,697,044
 which is a CON of 09/156,802 09/17/1998 PAT 6,184,868

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

60140

TITLE

HAPTIC FEEDBACK DEVICE WITH BUTTON FORCES

FILING FEE RECEIVED 1096	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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